



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. CATHERINE HOSPITAL, INC.

City of Hospital: East Chicago

Year Begin: 07/01/2019 (mm/dd/yyyy format)

Year End: 06/30/2020 (mm/dd/yyyy format)

Person Completing the Report: St. Catherine Hospital

Email Address: bchocholek@comhs.org

Medicare Provider Number: 15-0008

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$232185164
Outpatient Patient Service Revenue	\$310220486
Total Gross Patient Service Revenue	\$542405650

2. Deductions From Revenue

Contractual Allowance	\$385774336
Other Deductions	\$17418207
Total Deductions	\$403192543

3. Total Operating Revenue

Net Patient Service Revenue	\$139213107
Other Operating Revenue	\$24778003
Total Operating Revenue	\$163991110

4. Operating Expenses

Salaries and Wages	\$55179662	Employee Benefits	\$13423154
Depreciation and Amortization	\$4998328	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$79801947
Total Operating Expenses	\$153403091		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10588019	Total Assets	\$62069731
Net Non-operating Gains over Loss	\$108024	Total Liabilities	\$67958229

Total Net Gains	\$10696043
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$252225296	\$194620237	\$57605059
Medicaid	\$176259196	\$134189191	\$42070005
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$113921158	\$56964909	\$56956249
Total	\$542405650	\$385774337	\$156631313

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1105095	\$-1105095

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$115850	\$-115850
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$1754055	\$-1754055

Number of Medical Professionals Trained	246
Number of Hospital Patients Educated	7,364
Number of Citizens Exposed to Health Education Messages	93,843

Statement Six: Charity Statement

Hospital Charity Charges	\$10953668
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$14431	\$1347895	
HCI Payments	\$0		
Subtotal	\$14431	\$1347895	\$-1333464
Medicaid Shortfalls	\$42582380	\$44242961	
Subtotal	\$42596811	\$45590856	\$-2994045
DSH Payments	\$853,000		
Subtotal	\$43449811	\$45590856	\$-2141045
Medicare Shortfalls	\$55603169	\$59584316	
Other Government Programs	\$496730	\$558151	
Total	\$99549710	\$105733323	\$-6183613

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1328047	\$1641219	\$-313172
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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